



FILED
Apr 04, 2005 8:00 am
Secretary of State

04-04-2005 90074 008 ***150.00

2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P03000032114			
1. Entity Name COLUMBIA TITLE AGENCY, INC.			
Principal Place of Business 2708 W. KENNEDY BLVD. TAMPA, FL 33609 US		Mailing Address 2708 W. KENNEDY BLVD. TAMPA, FL 33609 US	
2. Principal Place of Business 1207 NORTH FRANKLIN ST Suite, Apt. #, etc.		3. Mailing Address 1207 NORTH FRANKLIN ST Suite, Apt. #, etc.	
City & State TAMPA, FLORIDA Zip 33602 Country		City & State TAMPA, FLORIDA Zip 33602 Country	
6. Name and Address of Current Registered Agent MARTINO, THOMAS S 2708 W. KENNEDY BLVD. TAMPA, FL 33609		7. Name and Address of New Registered Agent Name MARTINO, THOMAS S Street Address (P.O. Box Number is Not Acceptable) 1207 N FRANKLIN STREET City TAMPA, FL Zip Code 33602	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MARTINO, THOMAS S 2708 W. KENNEDY BLVD. TAMPA, FL 33609 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MARTINO, THOMAS S 1207 N. FRANKLIN STREET TAMPA, FL 33602 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE:  Thomas Martino President		Date: 03/31/2005 (813) 229-5555	